

## FACSIMILE COVER SHEET

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October 16, 2003

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GROUP: 1635

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FAX NUMBER: 1-703-872-9306

ATTORNEY DOCKET NO.: ISPII-0625

SERIAL NO.: 10/057,550

FILED: January 25, 2002

NUMBER OF PAGES: 20  
(including this sheet)

MESSAGE: Attached is an Amendment Transmittal Letter (in duplicate);  
Amendment in Response to Office Action dated July 16, 2003.

**URGENT! PLEASE DELIVER IMMEDIATELY UPON RECEIPT. THANK YOU!**

\* \* \* \* \*

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Attorney Docket No.: ISPH-0625  
Inventors: Brett P. Monia  
Serial No.: 10/057,550  
Filing Date: January 25, 2002  
Examiner: James Schultz  
Group Art Unit: 1635  
Title: Antisense Oligonucleotide Modulation of raf Gene Expression

## Certificate of Facsimile Transmission

I hereby certify that this paper is being facsimile transmitted to the Patent and Trademark Office on the date shown below.

On October 16, 2003

Jane Massey Licata  
Jane Massey Licata Registration No. 32,257

Assistant Commissioner for Patents  
Washington, DC 20231

Dear Sir:

Reply under 37 C.F.R. § 1.111

This is a reply to the Office Action mailed July 16, 2003 setting a three (3) month statutory period for response. Please enter the following amendments and remarks into the record.

The Amendments to the Claims are reflected in the listing of claims which begins on page 2.

Remarks begin on page 3.

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<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>			Docket No. <b>ISPH-0625</b>		
Applicant(s): <b>Brett P. Monia</b>					
Serial No. <b>10/057,550</b>	Filing Date <b>January 25, 2002</b>	Examiner <b>James Schultz</b>	Group Art Unit <b>1635</b>		
Invention: <b>ANTISENSE OLIGONUCLEOTIDE MODULATION OF RAF GENE EXPRESSION</b>					
<b>TO THE COMMISSICNER FOR PATENTS:</b>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	2	20	0	x \$18.00	\$0.00
INDEP. CLAIMS	1	4	0	x \$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>50-1619</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
<i>Jane Massey Licata</i> Signature		Dated: <b>October 16, 2003</b>			
<b>Jane Massey Licata</b> Reg. No. 32,257 Licata & Tyrrell P.C. 66 E. Main Street Marlton, NJ 08053 Tel: 856-810-1515 Fax: 856-810-1454		I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.  _____ Signature of Person Mailing Correspondence  _____ Typed or Printed Name of Person Mailing Correspondence			
CC:					

<b>CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)</b>			<b>Docket No.</b> ISPH-0625
Applicant(s): Brett P. Monia			
<b>Serial No.</b> 10/057,550	<b>Filing Date</b> January 25, 2002	<b>Examiner</b> J. Schultz	<b>Group Art Unit</b> 1635
Invention: ANTISENSE OLIGONUCLEOTIDE MODULATION BY RAF GENE EXPRESSION			
<p>I hereby certify that this _____ <u>Reply under 37 C.F.R. 1.111</u> _____ (Identify type of correspondence)</p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax No. <u>703-872-9306</u> )</p> <p>on <u>October 16, 2003</u> (Date)</p> <p style="text-align: right;">_____ Jane Massey Licata (Typed or Printed Name of Person Signing Certificate)</p> <p style="text-align: right;">_____ (Signature)</p> <p style="text-align: center;">Note: Each paper must have its own certificate of mailing.</p>			